Adult REACH Annual Report
Fiscal Year 2019

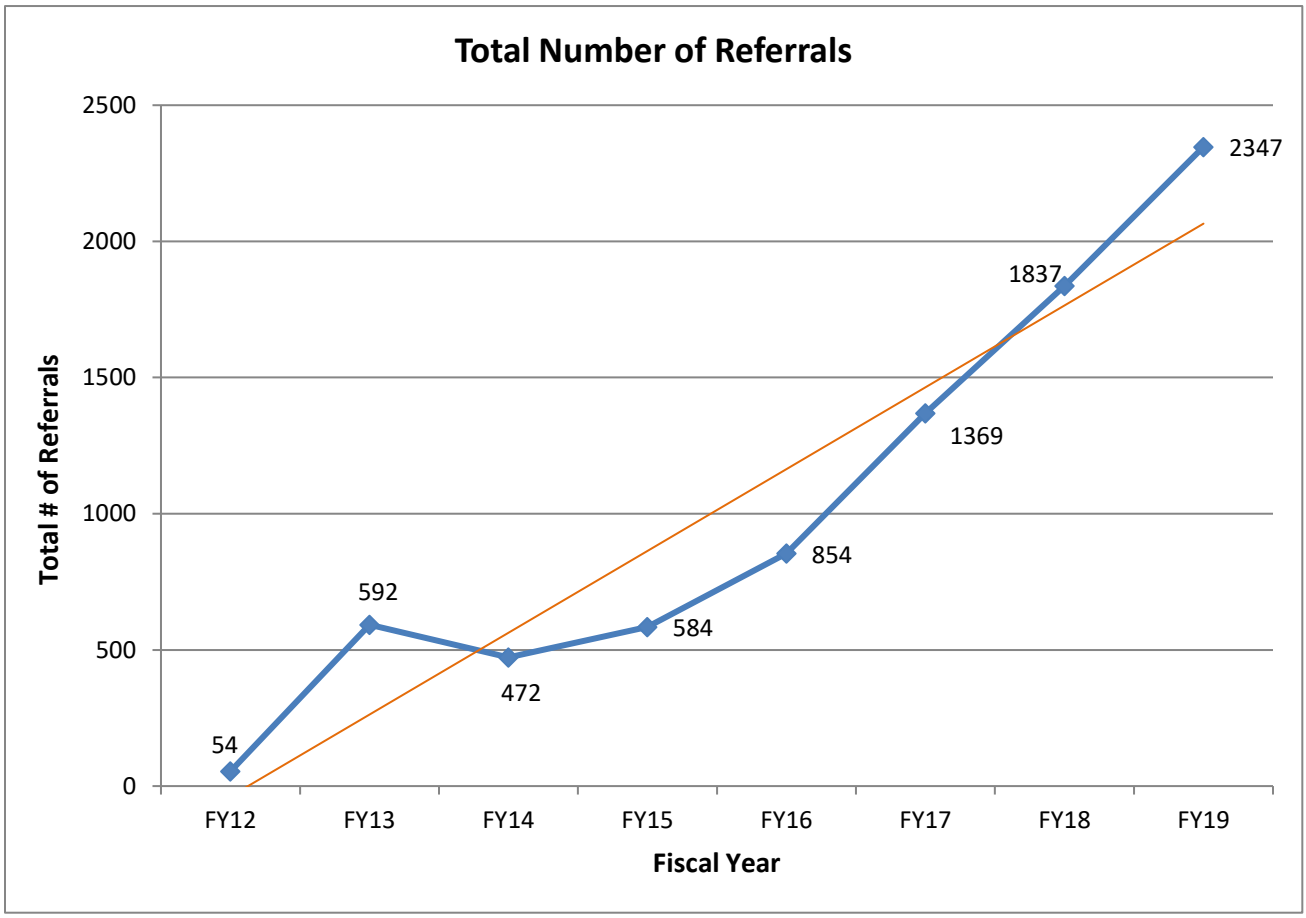
The annual report focuses on analyzing the data in respect to where the individual regional REACH programs are in meeting the goal of a state wide crisis system of care that serves adults diagnosed with a developmental disability. The data set forth in this document analyses trends for fiscal year comparison as well as reviewing the status of the programs in fiscal year 2019 (FY19) in order to make conclusions about the progress of the REACH program towards meeting the aforementioned goal. The DD Western Region (Region I) REACH program continues to be the only regional program that has separate Child and Adult REACH programs each managed by separate entities. As of March 1, 2019, the Western Region's REACH program separated their affiliation with the START program effectively closing out the affiliation between the REACH program and START.

Since inception to date, the adult REACH program continues to support individuals who range in age from 18 to 70+ years of age with the majority of individuals falling within the 18 to 45 year age range. For fiscal year 2019, 82% of the individuals fell into the 18 – 45 years range of age which is similar to FY18 (81%). The REACH program continues to see approximately a 60% to 40% division of male to female ratio, respectively, for those referred. This trend has been flat since the start of the program (once adjusting for the new category of transgender individuals). The data collection in fiscal year 2017 was adjusted to include transgender individuals. The data indicated the program supported a few transgender individuals (less than 1%) in fiscal year 2017. The number of transgender individuals supported increased slightly to 1.5% in fiscal year 2018 and decreased to 1.4% in fiscal year 2019. The breakdown of male to female individuals referred in fiscal year 2019 was 59.9% to 38.7% respectively.

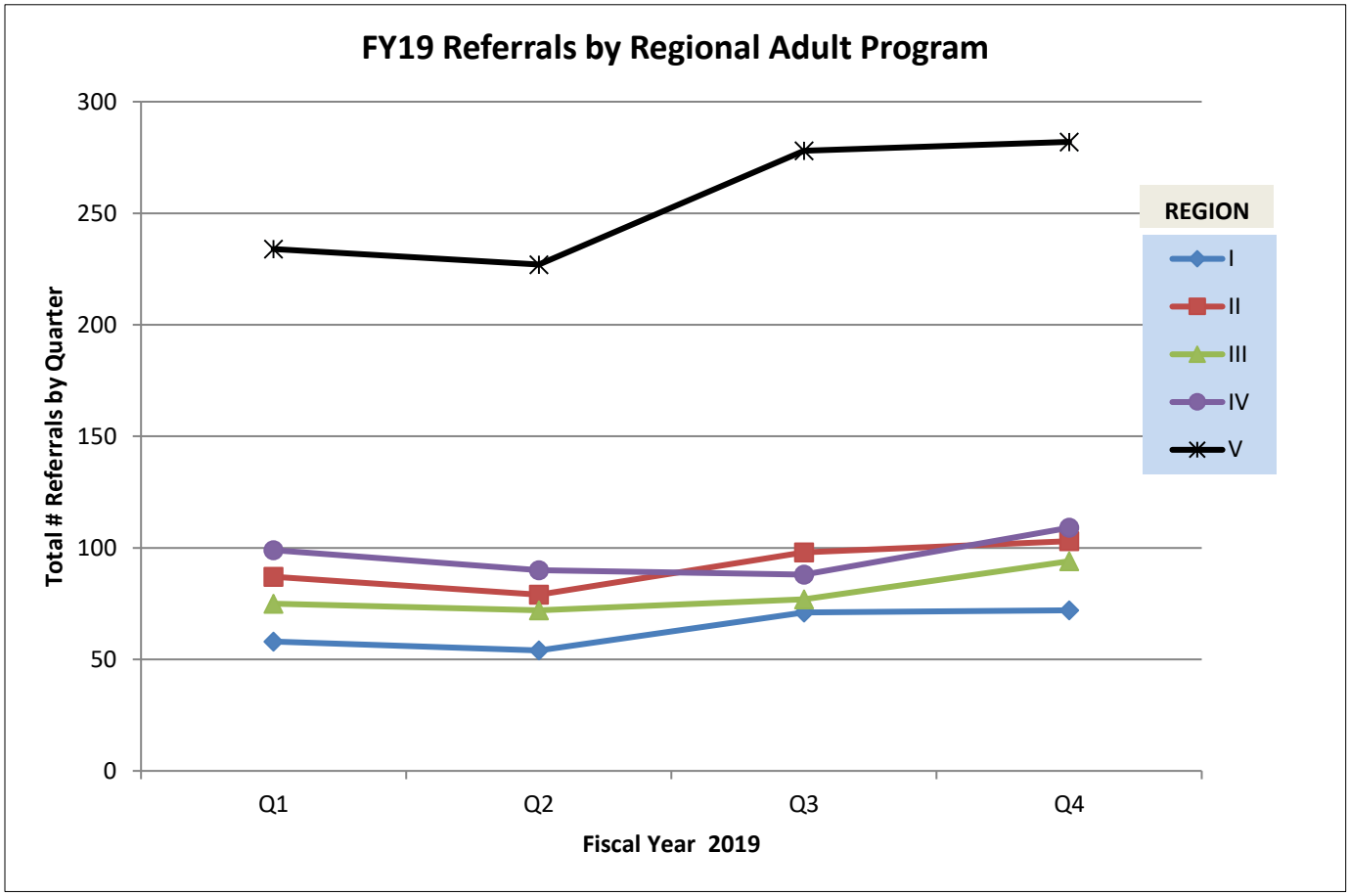
Previous reports also provided information on how many individuals referred have a diagnosis of another developmental disability without an accompanying diagnosis of intellectual disability (ID). The data indicate a continued increasing trend for this group in referrals this fiscal year. Historically, the percentage of individuals in this group comprised 15 - 18% of all individuals referred; whereas in FY18 they comprised 23% of all individuals referred. This number again increased to 26% of all individuals referred in FY19. The DD Northern Region REACH program (Region II) typically has a greater number of individuals referred that fall into this category. The FY19 REACH program data indicated that 49% of all individuals referred had an intellectual disability without additional diagnoses that would qualify as a developmental disability. This is a decrease as compared to FY18 (53%). Individuals diagnosed with another developmental disability in addition to an intellectual disability comprise 17% of the referrals received in FY19 which is a flat trend as compared to FY18. Another 8% of the adult referrals were individuals who had an unknown diagnosis at the time of referral. The trends in the area of diagnosing of individuals with a developmental disability most likely will continue to fluctuate as individuals contact clinicians that are more proficient in assessing the population supported by the REACH program and the practice of diagnostic overshadowing decreases. Additionally, as the youth age out of the Child REACH programs and may encounter the Adult REACH program, it would be expected that the number of individuals with DD exclusive of ID would increase as the Child programs supports a significantly higher number of individuals who are diagnosed with another disability other than ID.

Referral Information

The trend in the number of referrals to the REACH program continues to increase each fiscal year indicating that more people are aware of and are accessing the program. In FY17, there was a significant increase in referrals, 60%, as compared to previous fiscal years (24% for FY15 and 46% for FY16). This increasing trend continues as there was a 34% increase in referrals for FY18 and another 28% increase in FY19. Although the percentage of increase is moderating, the number of referrals has increased 71% since FY17.

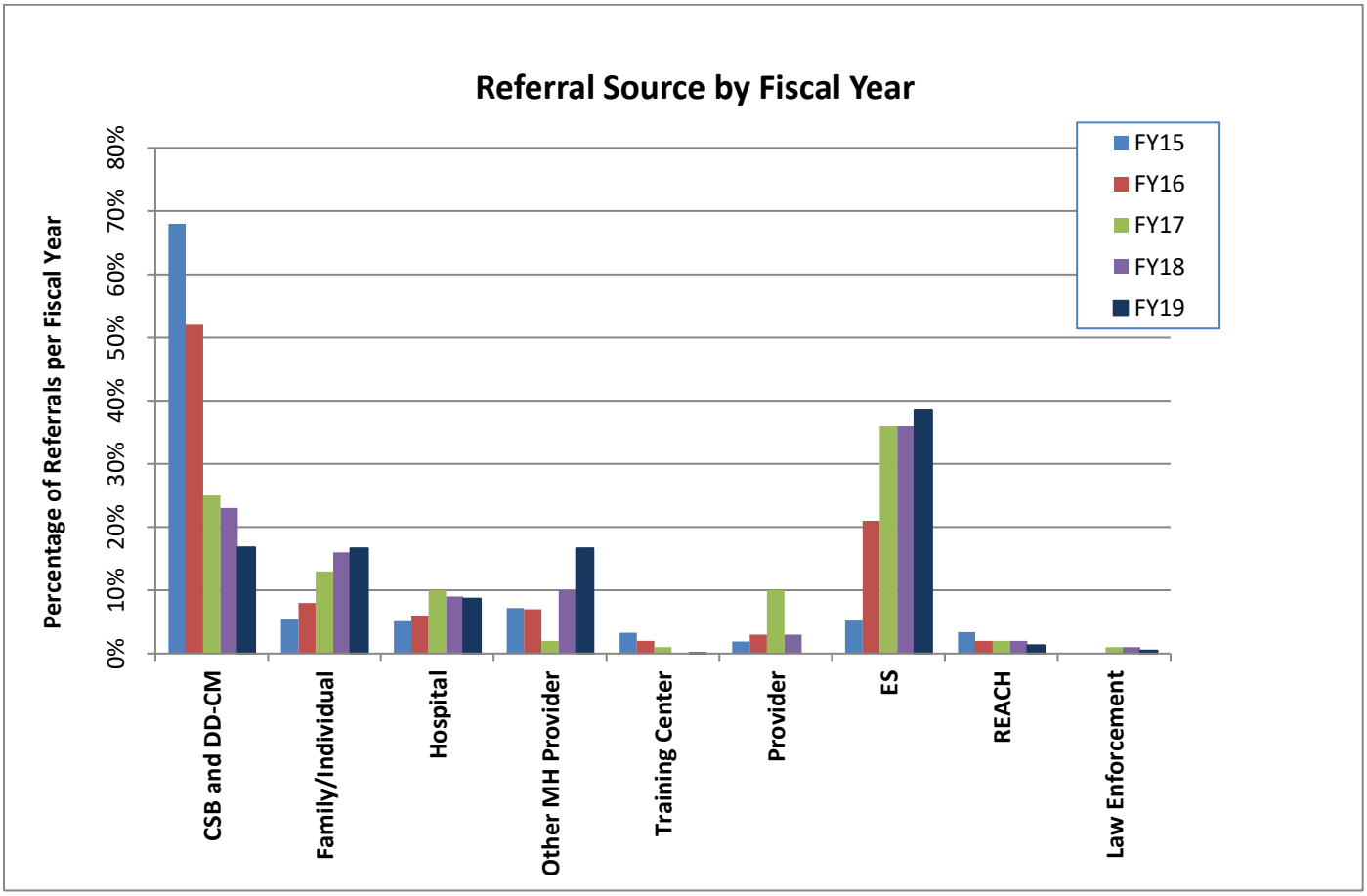


The graph on the following page represents the breakdown of referrals by region for FY19. The Eastern Region's Program (RV) has the most referrals for a region. This is most likely due to the greater number of and large size of the military bases in this region. All four regions show a similar trend in the number of referrals as the fiscal year progresses having quarter four with the highest amount of referrals in one quarter.



Referral Source

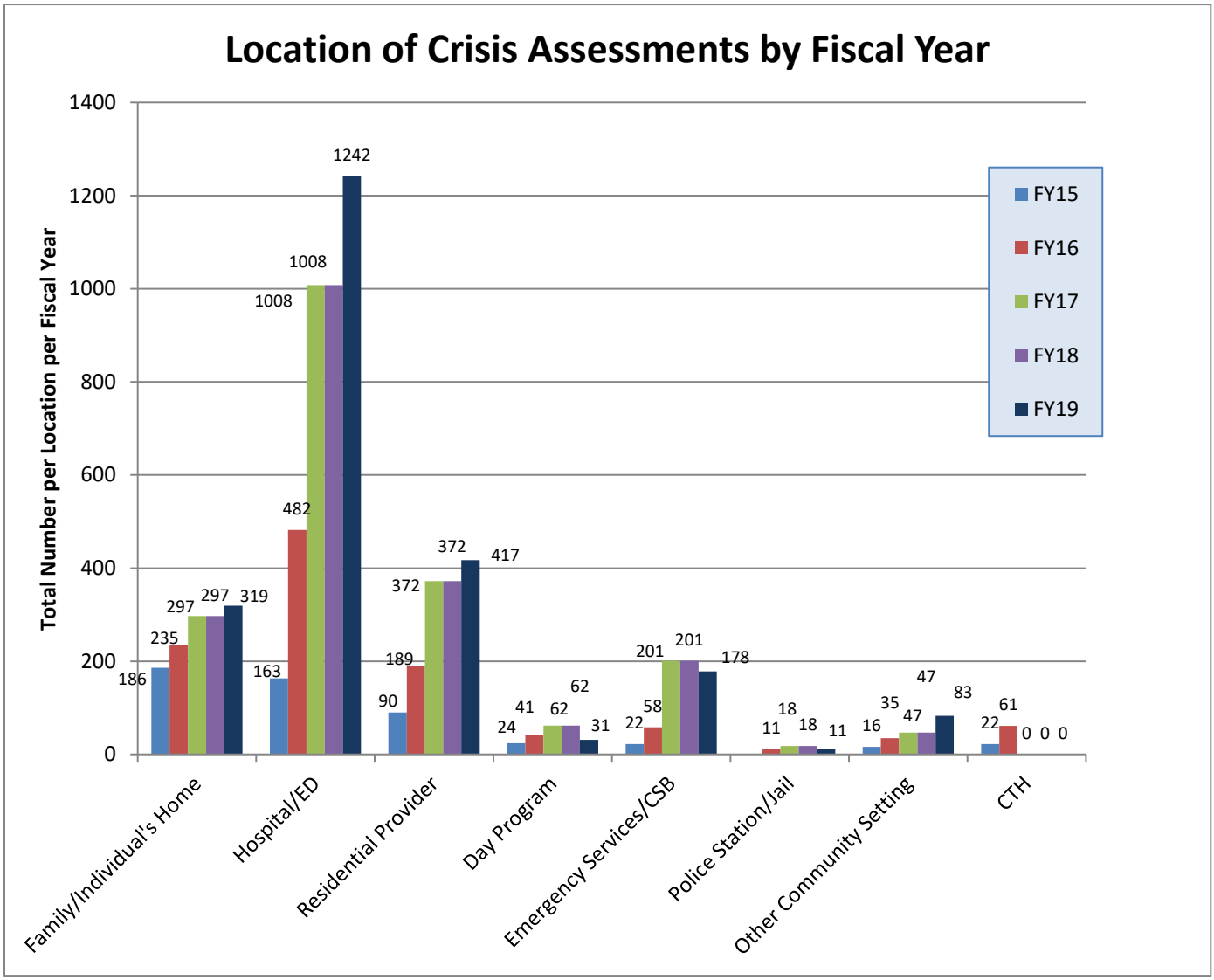
One of the goals of the program is for the REACH staff to be notified prior to the person being in crisis, preferably by the family or provider. If the person's first referral to REACH comes when they are in crisis, the REACH program encourages the screening teams assessing the person to contact the program early in the assessment process. This allows the staff to be part of the discussion of where to best serve the individual given the presenting issues and to possibly divert a hospitalization to either mobile supports or the REACH Crisis Therapeutic Home (CTH). The chart on the next page reflects the percentages of the source of referrals for fiscal years FY15 through FY19. For the last three fiscal years referrals from emergency services staff comprise a significant amount of the overall referrals. This would indicate that REACH is being notified during the assessment process. Referrals from family members or the individual have increased over the progression of the fiscal years. It should be noted in FY19 that the categories of "Other MH Provider and Provider" were combined in FY19. Referrals from the category of "Law Enforcement" accounted for less than 0.5% of the overall total referrals made to the program in FY19. (This amount was too small to be denoted on the graph.)

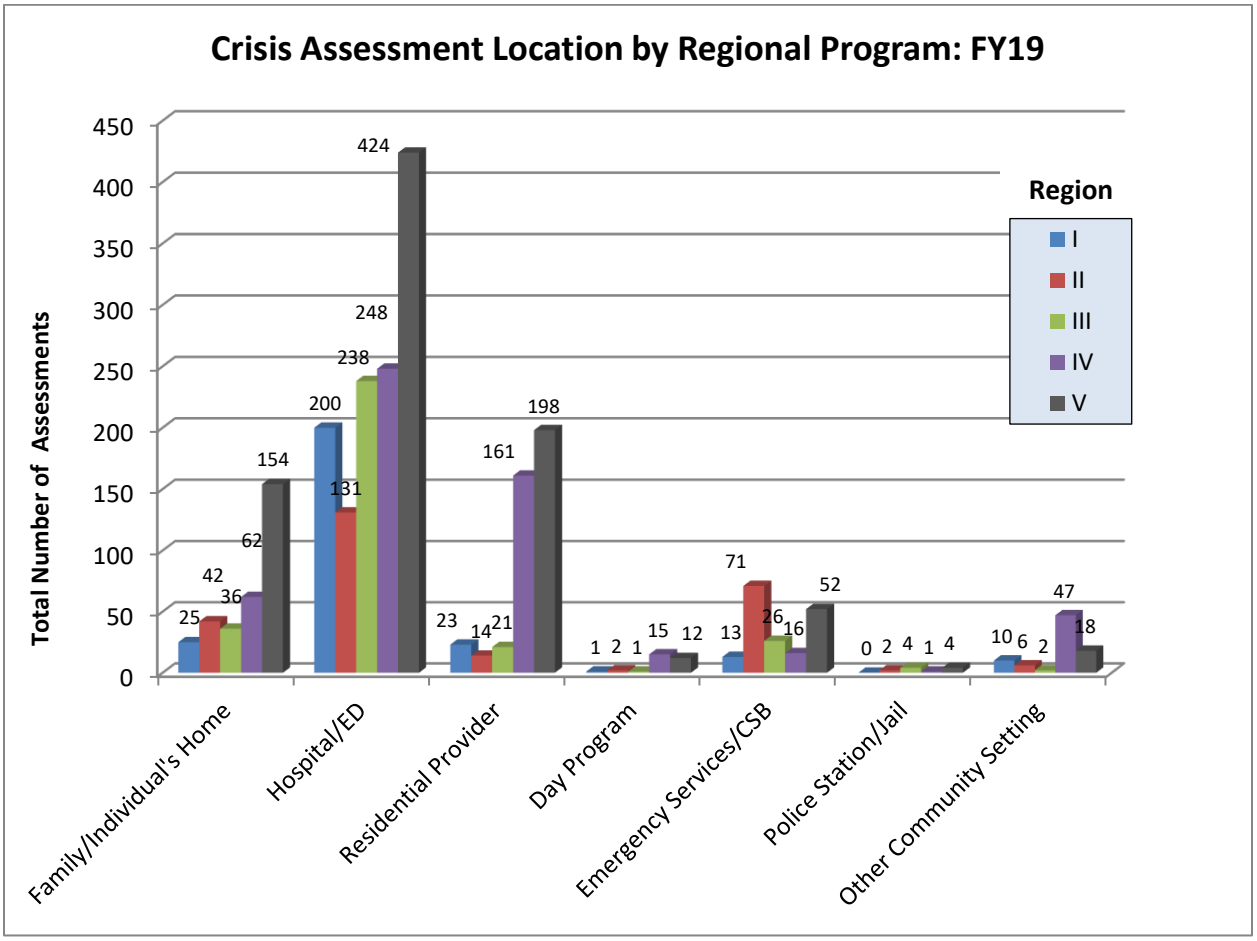


Crisis Referrals and Assessments

For every referral noted to be a crisis, a staff member responds, in person, to help support the individual and complete a crisis assessment. As noted earlier in this report, the goal is to be notified as soon as possible so that REACH staff can complete an assessment and aide in a plan to help support the individual and limit hospitalizations. In the early years of the program, it was difficult to accomplish this as the program staff were not being notified until after decisions were made, or in some cases not at all. The charts on the following page indicate that there is positive increasing trend in that the assessments are being completed in various locations. The increasing trend noted for the hospital and emergency services most likely indicates that these organizations are notify REACH when an individual comes in contact with their organization which had not been a clear expectation until FY17. The performance contracts with the CSB/BHA were updated to address the expectation of early notification of REACH programs when someone presents at the hospital/ES. Thus the REACH staff are available and involved in the treatment planning outcome. A contributing factor for the increase in assessments with ES is that some areas of the state created drop off centers that were staffed by emergency services staff. For FY19, there were 2281 assessments completed as compared to 2005 in FY18 and 1746 in FY17. The number of assessments completed denotes a 14% increase over FY18. This was very similar increase to FY18 as this year saw an increase of 15% over FY17. In FY19, aggression continues as the number

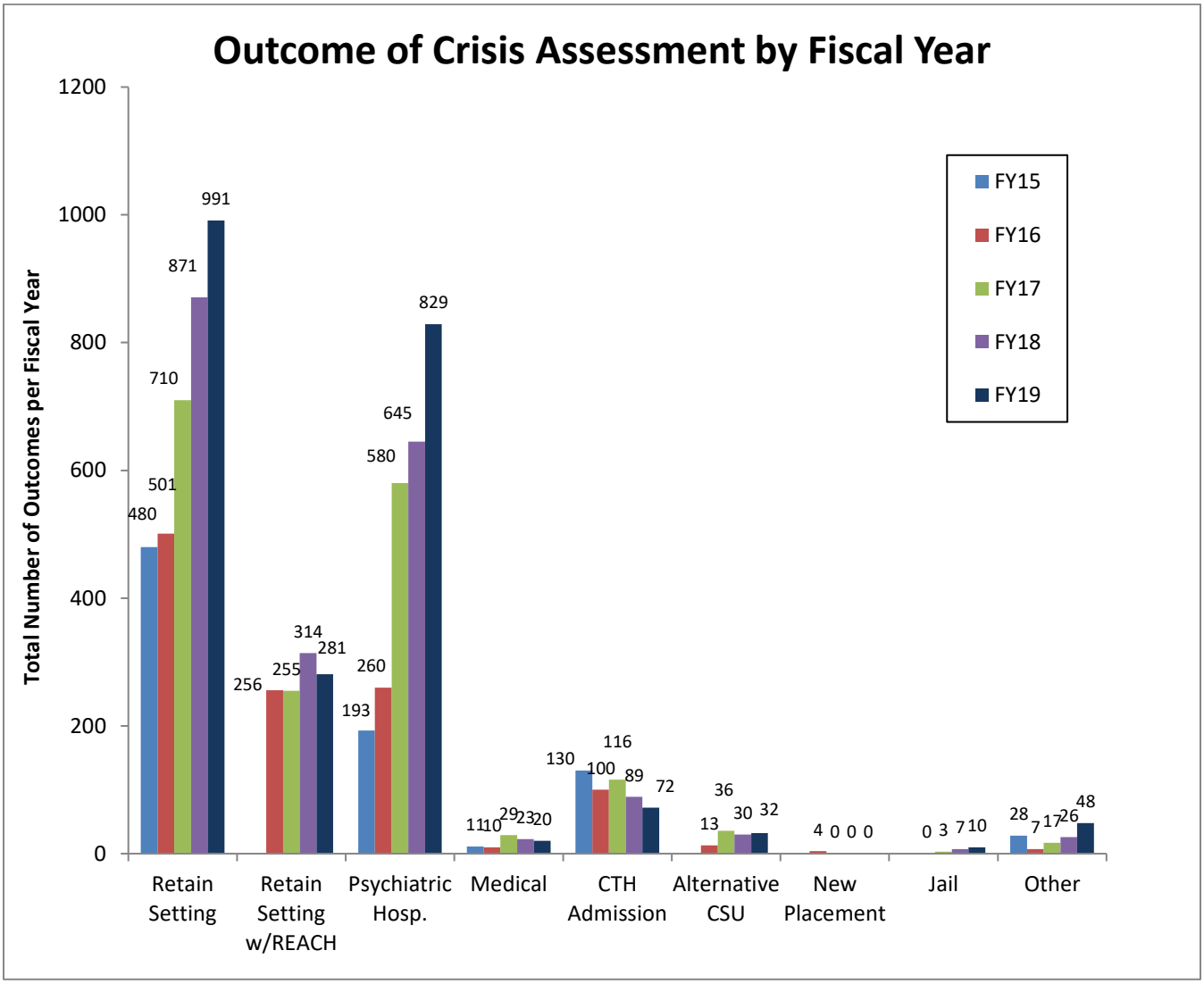
one primary presenting challenge listed as the reason for the crisis. Decompensation in the person's mental health is the second most listed presenting challenge, with suicidal ideation/presentation listed as third.

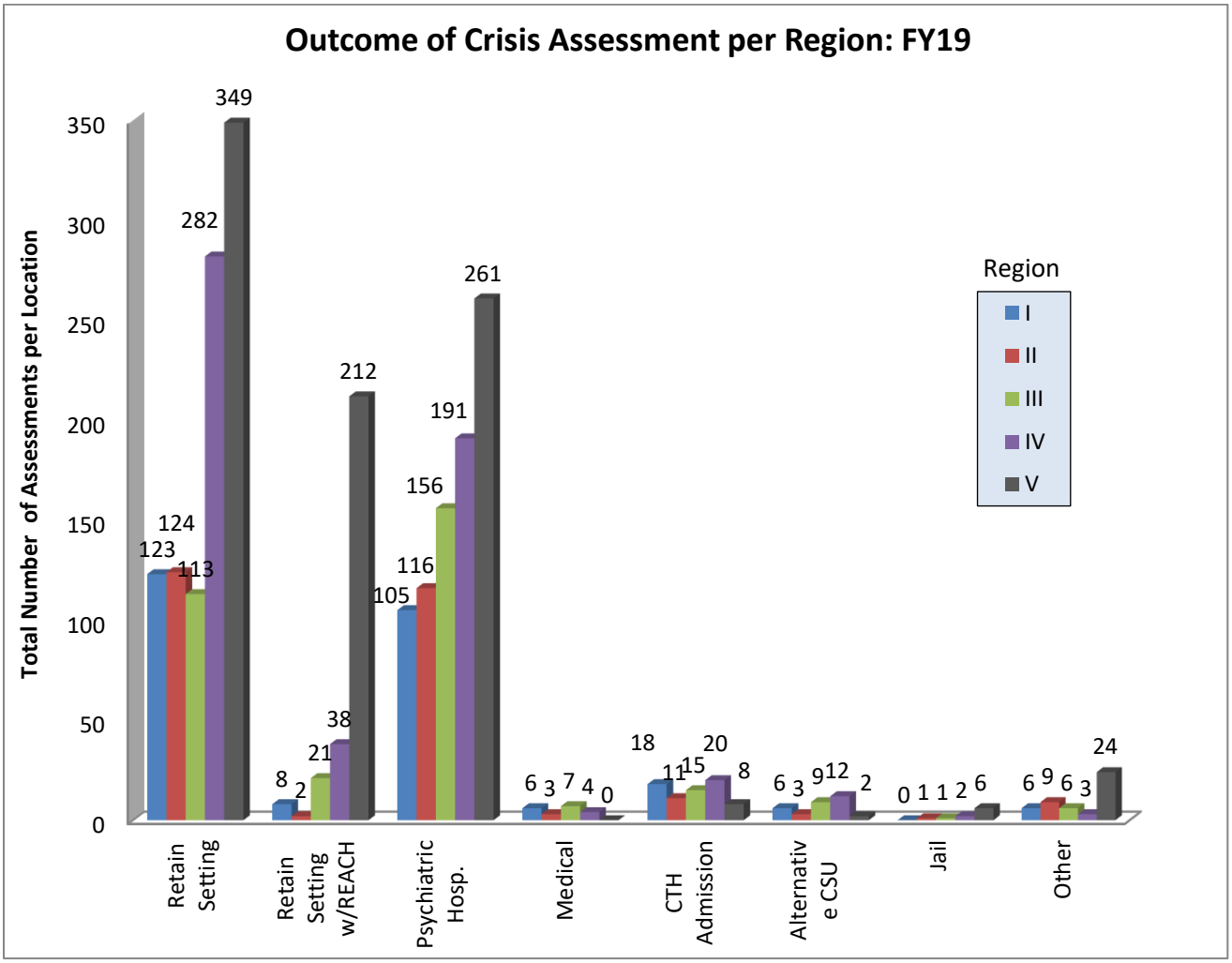




Disposition at time of Crisis Assessment

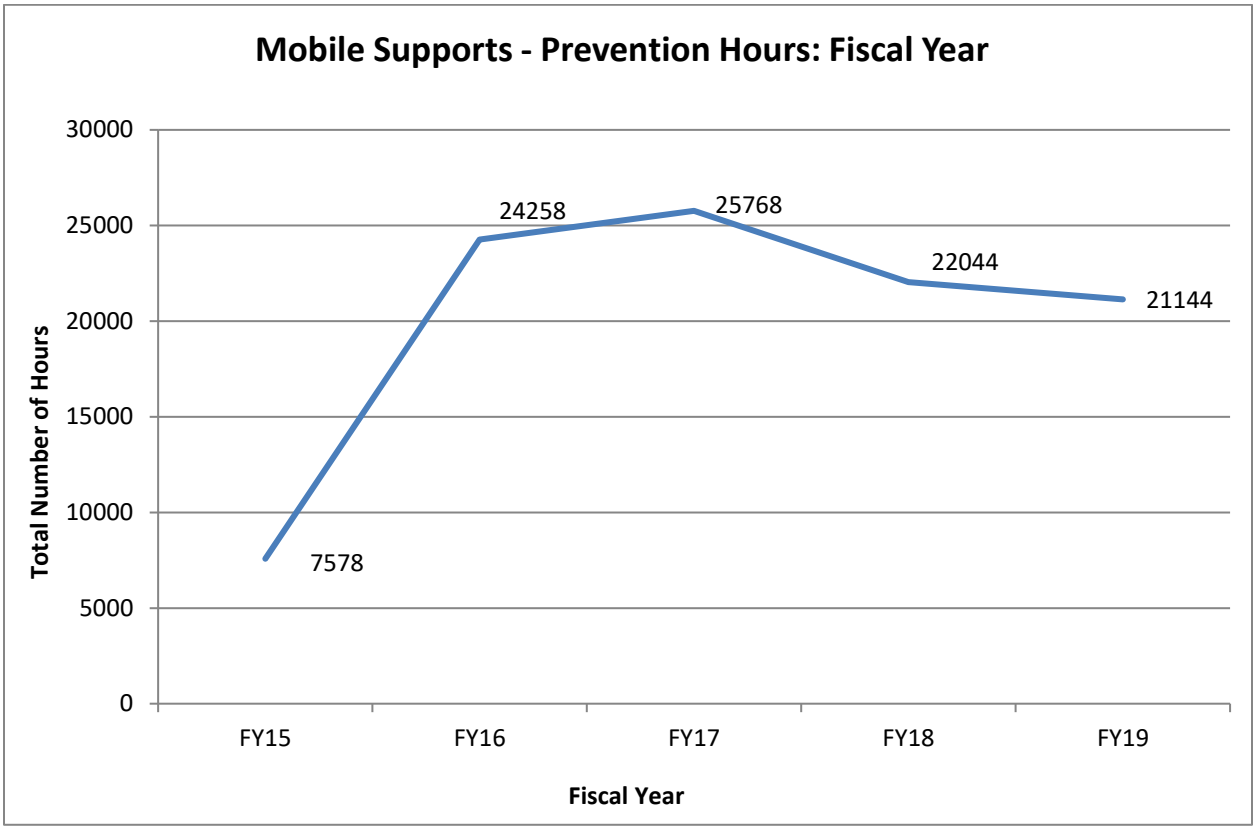
The data for "Retain Setting" and "Retain Setting with REACH" sub headings listed on the charts on the following pages denotes how many individuals were able to retain their setting post crisis assessment. For FY19, 56% of the adults assessed were able to retain their setting. This is a slight decrease as compared to FY18 where 59% were able to retain setting post crisis assessment. There was an increase in the number of adults admitted to a psychiatric hospital post assessment from 32% in FY18 to 36% in FY19. This is most likely due to the unavailability of open beds in the CTH making a diversion from a hospital admission less likely. In FY18 the CTH and CSU admissions accounted for 6% of the placements post crisis assessment. However in FY19 these placement options accounted for only 4.5 % of the dispositions post crisis assessment.

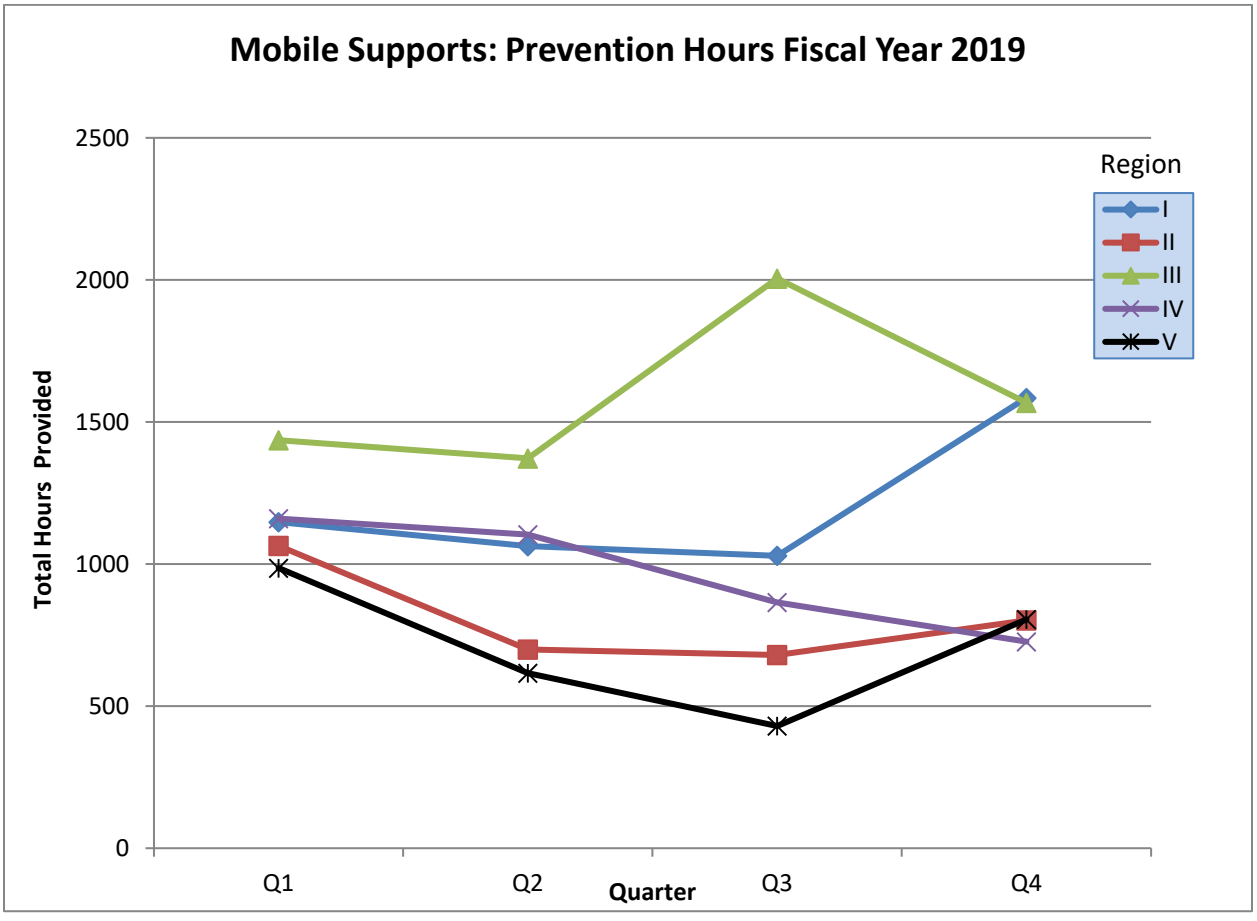

Outcome of Crisis Assessment by Fiscal Year
Total Number of Outcomes per Fiscal Year
1200
1000
800
600
400
200
0
FY15
FY16
FY17
FY18
FY19
480
501
710
871
991
256
255
314
281
193
260
580
645
829
11
10
29
23
20
130
100
116
89
72
13
36
30
32
4
0
0
0
0
3
7
10
28
7
17
26
48
Retain Setting
Retain Setting w/REACH
Psychiatric Hosp.
Medical
CTH Admission
Alternative CSU
New Placement
Jail
Other



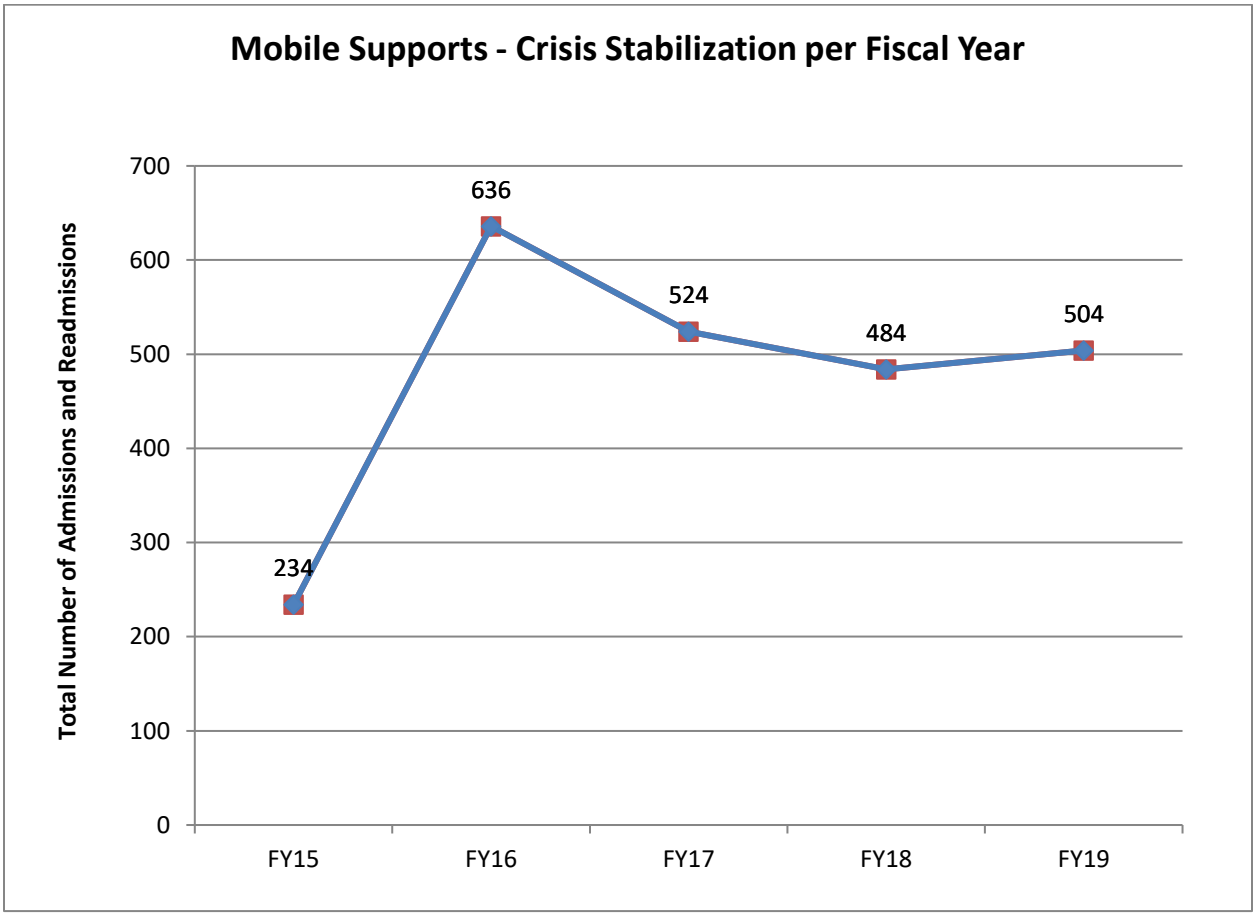
Mobile Supports: Crisis and Prevention

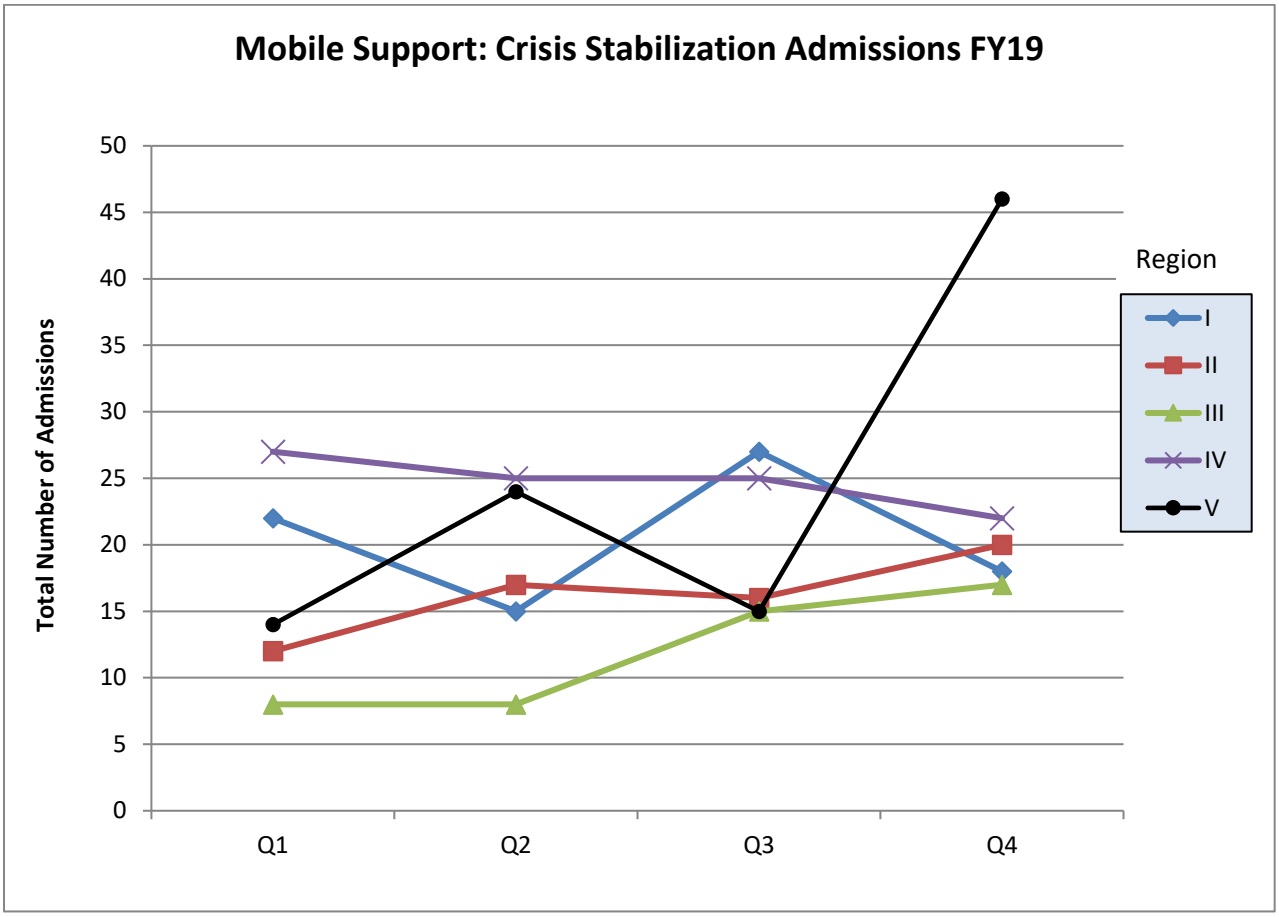
The graphs on the following page show a decrease in the number of prevention hours provided by the REACH program. The program provided 4% less prevention hours in FY19 as compared to FY18 (22044 to 21144). The decrease was significantly less than FY17 to FY18 were there was a 15% decrease in prevention hours provided. The number of prevention hours provided appeared to have peaked in the third year of the existence of the REACH adult program. This may be reflective of a period of stabilization for many of the individuals supported by the program especially since a high percentage of the individuals supported in the CTH and mobile supports are able to remain in their home when supported by REACH and post REACH services (refer to charts on disposition later in this document).


Mobile Supports - Prevention Hours: Fiscal Year
30000
25000
20000
15000
10000
5000
0
Total Number of Hours
7578
24258
25768
22044
21144
FY15
FY16
FY17
FY18
FY19
Fiscal Year


Mobile Supports: Prevention Hours Fiscal Year 2019
2500
2000
1500
1000
500
0
Total Hours Provided
Region
I
II
III
IV
V
Q1
Q2
Q3
Q4
Quarter

For individuals being supported through mobile supports, the data indicates an increase in the number of admissions from 484 to 504 between FY18 and FY19. This is a 4% increase in admissions into mobile supports after a two year decline. The number of mobile support hours provided by REACH staff in FY19 was 4811. This is in addition to the prevention hours/supports provided by the programs.





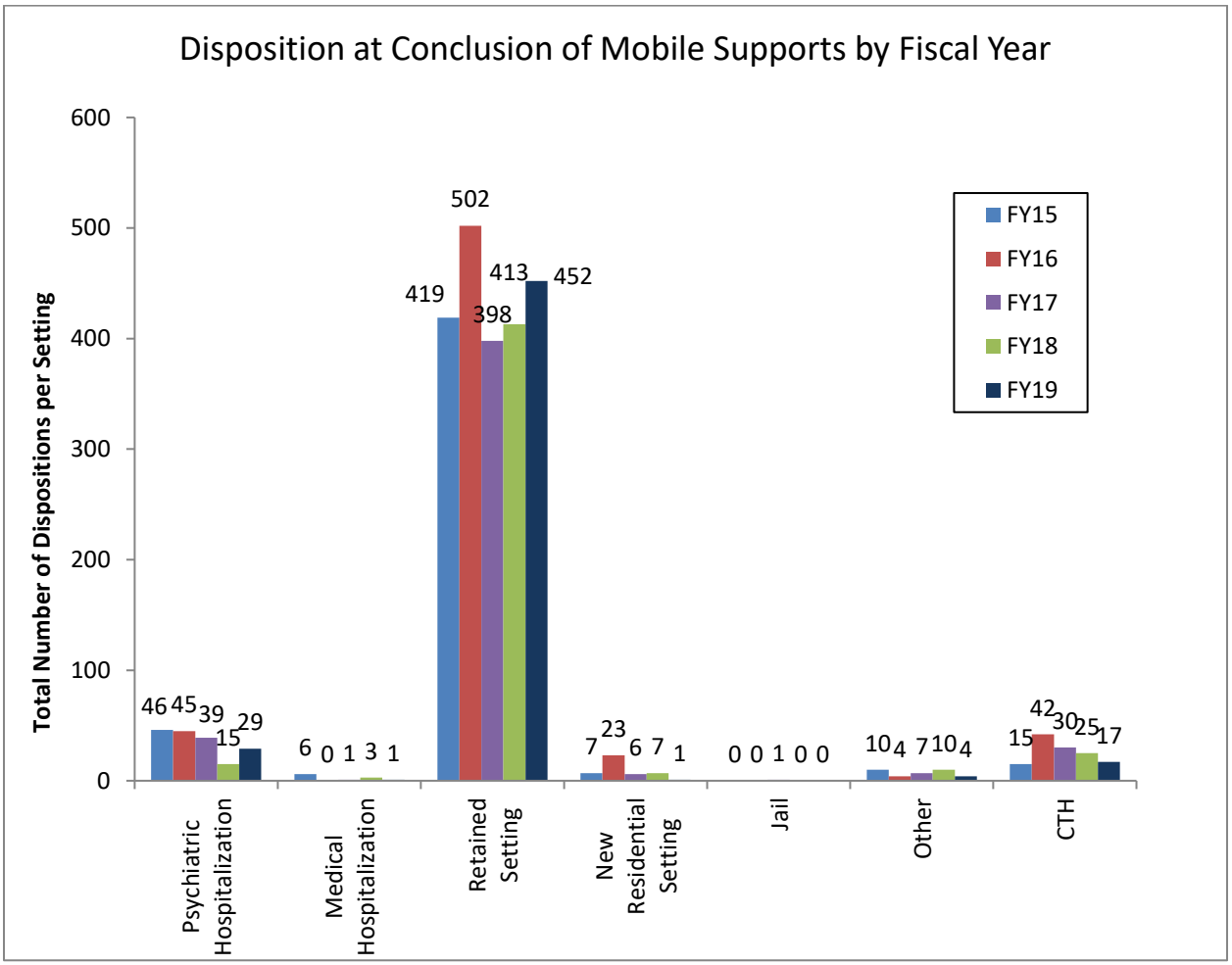
Training for community partners and in the direct support systems of the individuals and their families is an integral part in prevention and in decreasing stressors that may lead to a crisis for the individual or family/provider. The REACH programs trained 6658 community partners this fiscal year. The training covers various topics related to the care and treatment of the developmentally disabled population including navigating the systems supporting the individual. This training is in addition to the individualized training provided to the individuals, care staff, families, and community partners who support these people.

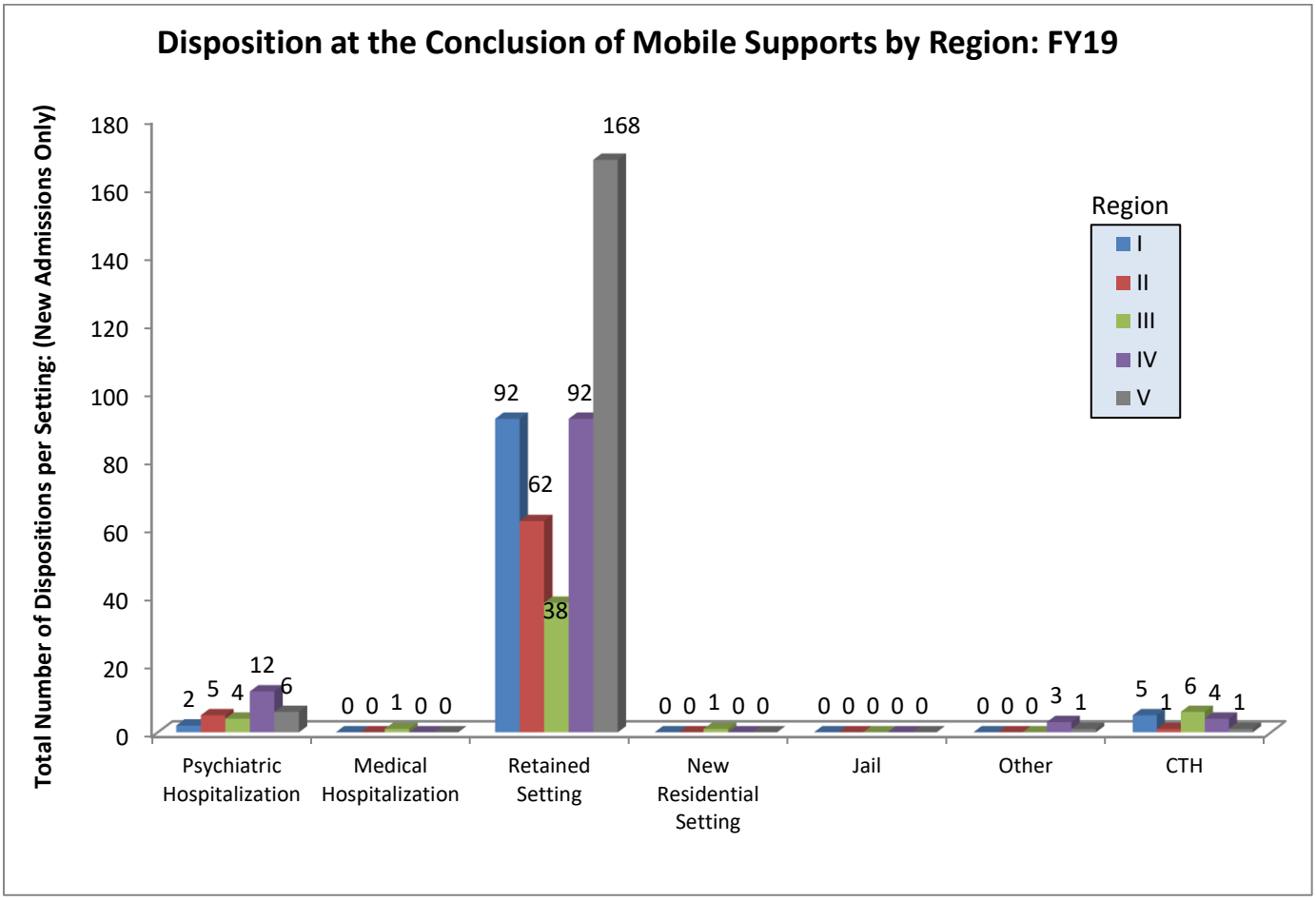
In addition to training provided directly by REACH, DBHDS in conjunction with the Department of Criminal Justice Services, the Virginia Board for People with Disabilities, and Niagara University continue to offer comprehensive training targeting disability awareness for law enforcement in Virginia. Trainings consist of both the originally offered broad "Disability Awareness for Law Enforcement" to more specific training content areas (e.g. Law Enforcement Response to Individuals with I/DD, Law Enforcement Response to Individuals with Brain Injury). This training series will continue to be provided in upcoming quarters through the partnership with DCJS, VBPD, and Niagara University. The REACH programs (both adult and child) in conjunction with DBHDS have hosted training opportunities this year in which regional and national experts in developmental disabilities, ethics, dual diagnoses, trauma informed care, and third wave behavioral therapy have offered continuing education to both REACH staff and the larger community as a whole. It is anticipated

that such training partnerships to offer training from renowned experts will continue in the upcoming fiscal year.

Disposition at Conclusion of Mobile Supports

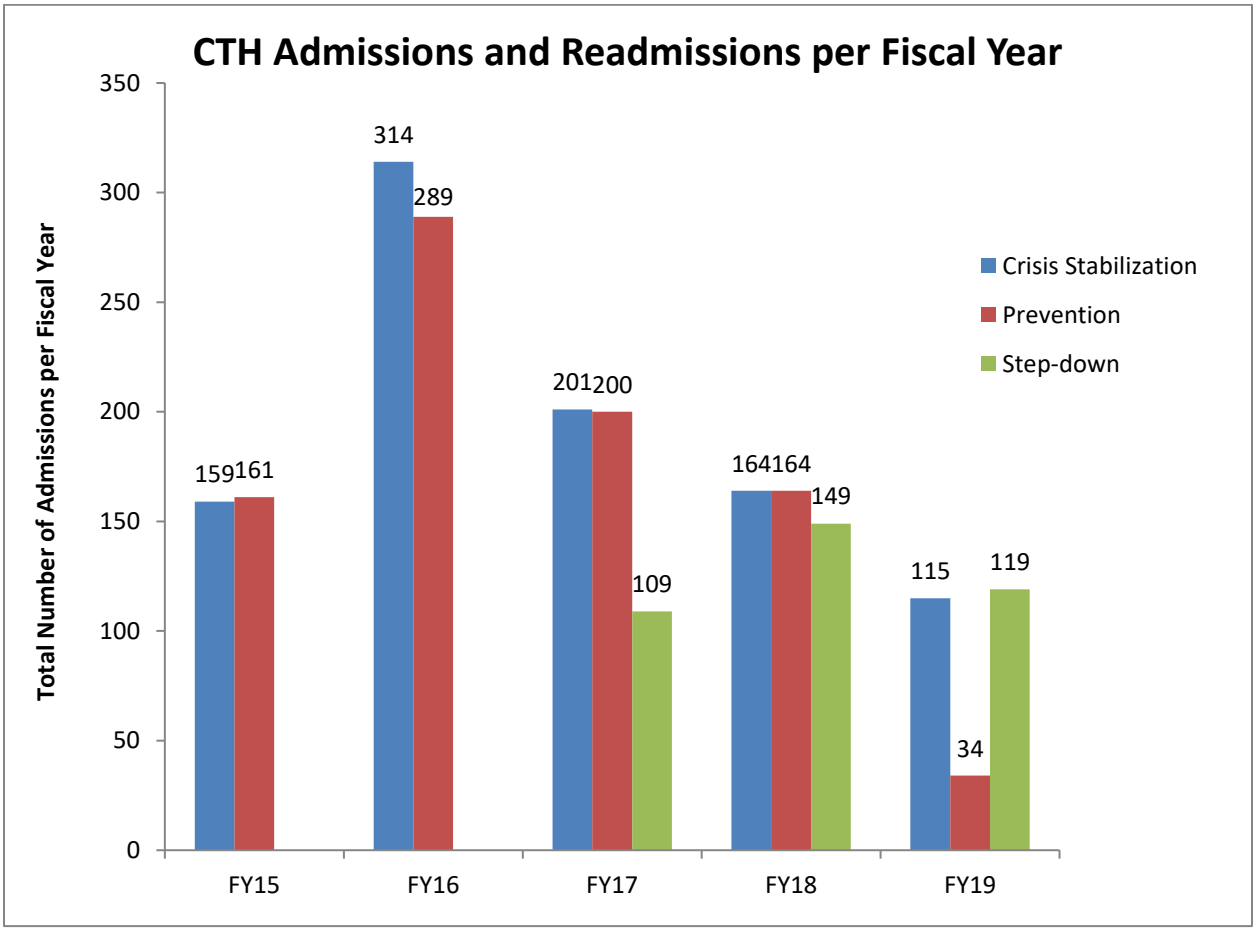
The data, as illustrated below, indicates the regional programs are doing an excellent job in supporting the individual during mobile supports so that they are able to remain in their home or an alternative home in the community. In FY19, 90% of the individuals receiving mobile supports were able to retain their home setting with 6% being hospitalized and 3% diverted to the CTH. The retain setting and hospitalization data showed an increase in comparing FY18 data (89% and 3%) while there was a decrease from 5% to 3% in diversion to the CTH. The increase in hospitalization coupled with the decrease in CTH admissions is most likely due to the lack of bed availability in the CTH this fiscal year; thus, the person was unable to be supported outside of the hospital when they started decompensating during mobile supports. Additionally, most programs report supporting more adults in mobile supports that present with greater challenges than in years past.

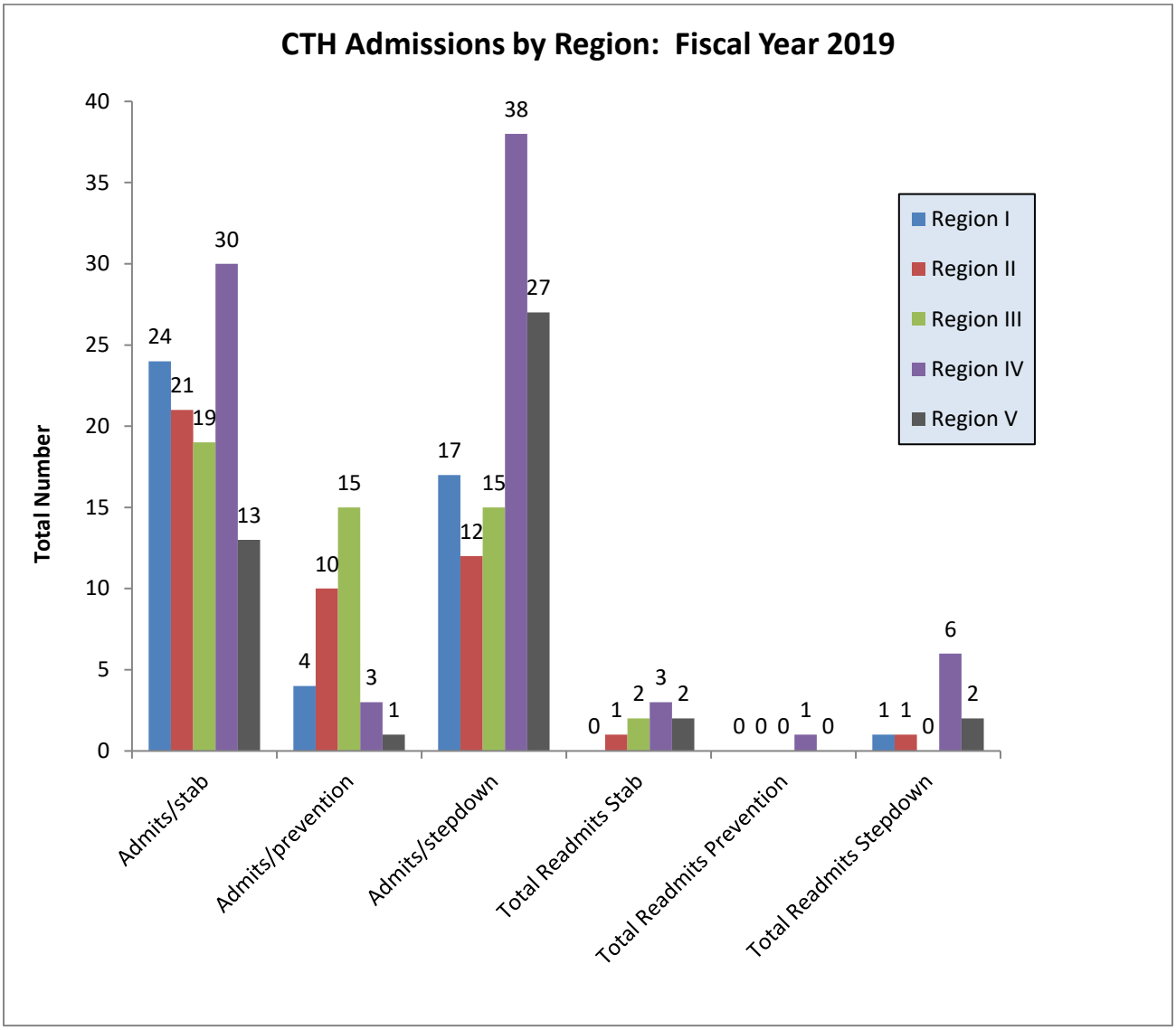




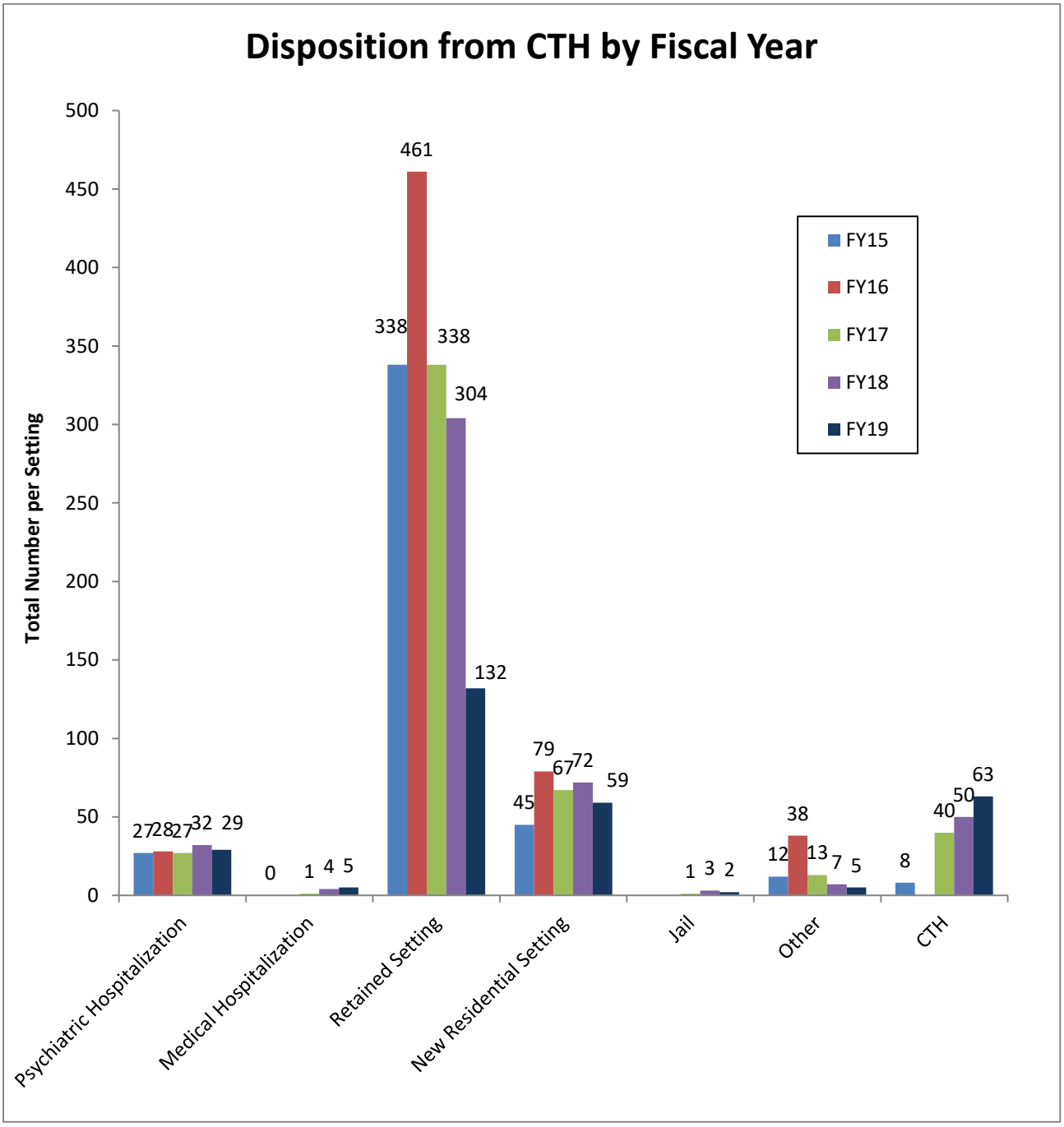
Crisis Therapeutic Home

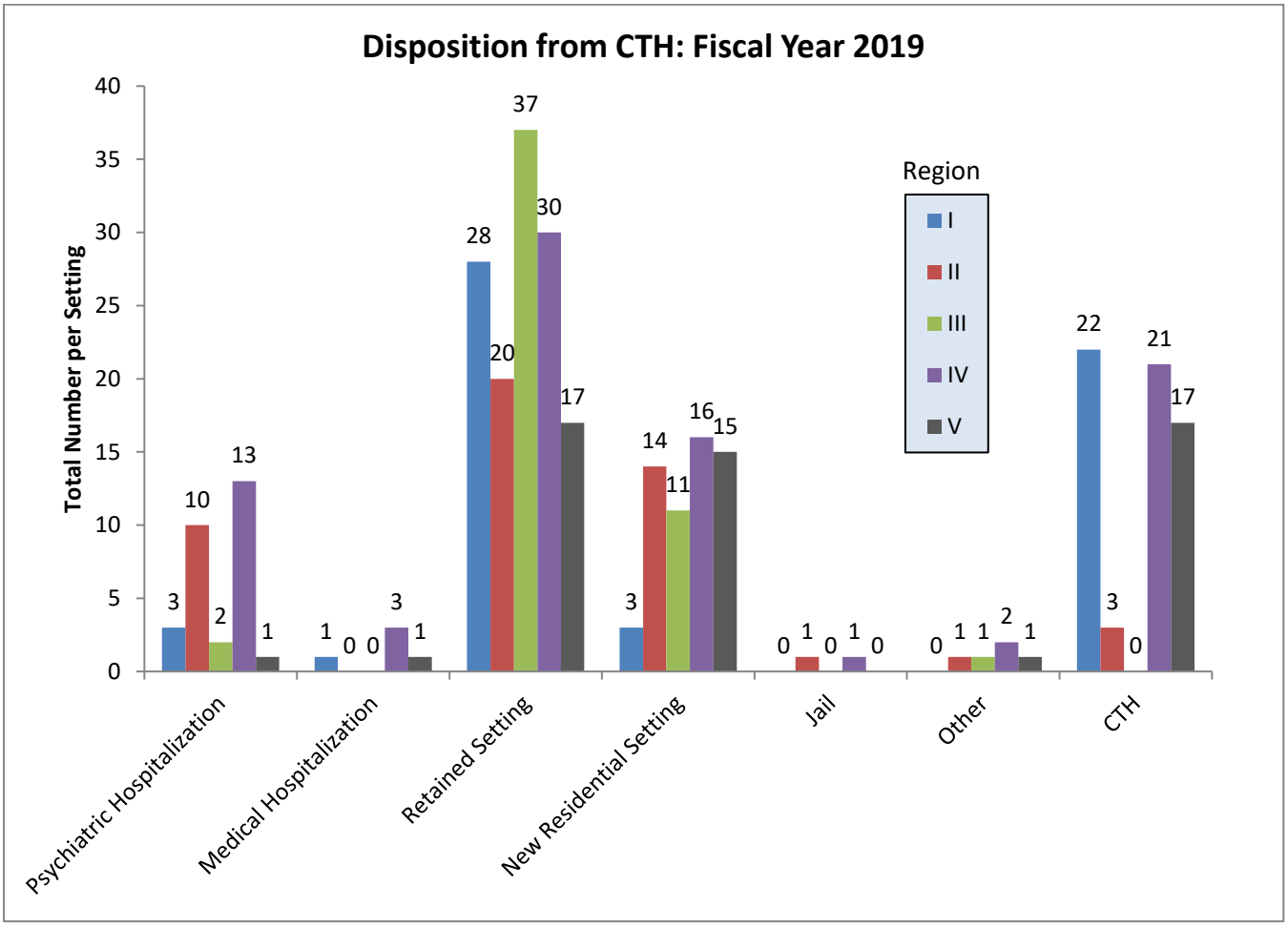
For FY19, there was a decrease in all of three types of admissions to the CTH with a prevention admission showing the most declines in the number of admission this fiscal year. Overall the CTH had 268 admissions in FY19 as compared to 477 admissions the previous year. There was a 30% decline in crisis stabilization admissions, 79% decline in prevention admissions, and a 20% decline in step-down admissions from a state hospital during this fiscal year. As per the REACH standards, prevention admissions are the third priority while the crisis stabilization admissions have the highest priority. The CTH overall bed utilization remained high throughout the year however numerous individuals remained without a disposition in all homes for longer periods, at times collectively for all regions, leading to only a small percentage of beds open for admissions throughout the program. DBHDS is addressing the lack of movement through this component of the crisis system by increasing capacity of residential availability through the building of the Adult Transition Homes, working with providers to build new homes that have staff skilled at providing services and supports for adults who present with behavior health related symptoms and other challenging behavior, and also by providing crisis support dollars to tailor services to support these adults through their individualized plan.


CTH Admissions and Readmissions per Fiscal Year
Total Number of Admissions per Fiscal Year
350
300
250
200
150
100
50
0
159
161
314
289
201
200
109
164
164
149
115
34
119
FY15
FY16
FY17
FY18
FY19
Crisis Stabilization
Prevention
Step-down



As noted earlier, an increase in bed utilization in the homes with adults with difficulty transitioning back to the community was contributing to lower admissions rates and a decrease in discharges. In FY19, there were 295 dispositions as noted in the charts on the following pages. (This data accounts for new admissions of all types, readmissions, discharges of those individuals who remained at the CTH beyond a quarter and subsequently discharged in subsequent quarters, and those that were still admitted at the end of the quarter. Thus, these numbers are higher than the admissions number distribution.) For FY19, 65% of the adults discharged retained their setting or went to a new residential setting and 10% were psychiatrically hospitalized from the CTH. In FY18, 80% of the individuals discharged were able to return to their previous residential setting or went to a new home and 7% of the adults were psychiatrically hospitalized. Those that remained at the CTH increased from 11% in FY18 to 21% in FY19.


Disposition from CTH by Fiscal Year
Total Number per Setting
500
450
400
350
300
250
200
150
100
50
0
FY15
FY16
FY17
FY18
FY19
27 28 27 32 29
0 1 4 5
338 461 338 304 132
45 79 67 72 59
1 3 2
12 38 13 7 5
8 40 50 63
Psychiatric Hospitalization
Medical Hospitalization
Retained Setting
New Residential Setting
Jail
Other
CTH



Conclusions:

The REACH program this year successfully further stabilized the service provision that was realigned prior to fiscal year 2016. Data indicates that fiscal year 2016 was the year services went in a positive direction while in fiscal years 2017 and to a greater degree in FY2018, achieved consistency between and within programs that most likely led to stabilization of services and less recidivism for the adults and families/providers supported. This year the program continues to have an increasing number of referrals and noted success with supporting individuals in mobile supports in their community settings. A significant number of the individuals hospitalized post crisis assessments typically are unknown to the program and refusal to accept REACH services as an alternative to hospitalization continues to emphasize the need for continued outreach from the program staff to community partners in order to educate people as to what REACH may offer as an alternative.

As with all programs there continues to be issues that are common to all regions and others that are specific to a single entity. The REACH program continues to evolve to meet the challenges presented as new and more complicated situations present themselves. The program continues to identify needs and provide training to community partners such as the training for law enforcement mentioned previously in this report. In regards to skills development for the REACH staff, inquiries covering this topic were made as part of discussion groups held in each region during their annual qualitative review. Additionally, DBHDS and/or individual REACH

programs sponsored trainings for staff and other professionals/families such as the Annual REACH Region V Conference, Region IV hosted training by a national expert addressing supporting individuals with borderline personality disorders, and DBHDS sponsored training by nationally recognized experts on supporting individuals who are developmentally disabled and have co-occurring mental health needs and trauma informed care.

As noted in this report the individuals served that cannot return to their home due to the need for complicated supports and/or present with high risk behavior remain in the CTH for a longer duration thus reducing the programs' ability to serve more individuals that may be in crisis or in need of a prevention admission. DBHDS continues to work towards increasing options for community placement and to provide an option for temporary residence when needed via Adult Transition Homes, which will be utilized for individuals that have a complicated discharge that will require a length of stay beyond the target 30 days or less of the CTH.

At the time of this report two Adult Transition Homes have been built, one in Chester and another in Culpeper. The Culpeper home has secured a temporary certificate of occupancy while the home in Chester is completing the final phases of the punch list for the home and outside landscaping. The operators for both of the regional homes began recruiting for staff early in the fiscal year and training has begun for new staff. The anticipated date for opening, pending licensing, is within the next few months for the Culpeper home and then shortly thereafter for the Chester Home.

The adult regional REACH programs have demonstrated continued improvement in supporting a statewide crisis program for those individuals who have a developmental disability. As noted in the report, the individuals who accept services from the REACH program have a significantly greater success rate in maintaining their community residence than those that refuse or are not in contact with the program. This positive outcome is indicative of the maturation of the program, the successes noted in supporting the individual, and the increasing confidence of the staff in supporting individuals with challenging complex needs. New training endeavors have begun in this fiscal year to further broaden staff skills which reflect continued growth of incorporating evidence based practices and treatments into the REACH program. This training is in conjunction with a movement to develop new standardized curriculums (based on these trainings) which will be utilized at the new homes, existing CTHs, and during mobile supports in the upcoming fiscal year. The upcoming fiscal year will also see an expansion in the criteria related to admission of adults to the program exclusive of the CTH.